

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

☐ I would like a **Certified Copy** of the records identified on the Application form (*In order to receive a Certified Copy, you Must indicate your relationship to the person named on the application form by selection from the list below.*)

☐ I would like an **Informational Copy** of the record identified on the application form (*You are not required to select from the list below to receive an Informational Copy.*)

I am:

- ☐ The registrant or a parent or legal guardian of the registrant
- ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- ☐ A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- ☐ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.

STOP! DO NOT complete the rest of this form before reading the detailed instructions on the back.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Completing Application		Today's Date	Telephone Number – (Area Code First) ()	
Address – Number, Street	City	State	ZIP Code	

BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name of child – First (Given)	Middle	Last (Family)	Date of Birth	Place of Birth
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SWORN STATEMENT

I, _____, swear under penalty under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth record indicated on this application.

Sworn this _____ day of _____, 20____, at _____, _____
(Day) (Month) (City) (State)

(Signature)

\$_____ IS ATTACHED FOR _____ COPIES

COUNTY USE ONLY:		YEAR: _____	REGISTRATION #: _____
BC _____ \$ _____	SEARCH: _____ \$ _____	GOVT: _____ \$ _____	
BN # _____	I.D.: _____		
RECEIPT # _____	REC'D BY: _____	BY: _____	DATE: _____

INSTRUCTIONS

- 1.If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Birth Certificate Information portions of this form. If you are requesting a regular **Certified Copy**, complete the entire form.
- 2.When you submit your order, you must sign the sworn statement at the bottom of this application in the presence of Vital Records staff.
- 3.Use a separate application form for each different record of birth for which you are requesting a certified copy.
- 4.Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under **Birth Certificate Information**. If the information you furnish is incomplete or inaccurate; it may be impossible to locate the record.
- 5.Submit **\$28** for **each** certified copy requested. If no record of the birth is found, the **\$28** fee will be retained for searching as required by statute and a Certification of No Public Record will be issued. Submit fee in the form of a personal check, postal or bank money order, payable to the **County of San Diego Public Health Services**.

County of San Diego
Health and Human Services Agency
Office of Vital Records
3851 Rosecrans St. Ste 802
San Diego, CA 92110

BIRTH